

Uncomplicated Deep Vein Thrombosis

Transfer Criteria

- Hemodynamically stable – acceptable vitals, pulse ox.
- No evidence of thromboembolic complications (ie PE)
- Confirmed DVT – no exclusion criteria, candidate for home enoxaparin
- Unfractionated heparin started in EC

Exclusion Criteria

- Clinical evidence of a Pulmonary Embolus (By V/Q scan or chest CT)
- Known hypercoagulable or bleeding disorder (Antithrombin III deficiency, Protien C or S deficiency, polycythemia including history of heparin induced thrombocytopenia)
- High risk of bleeding complications – active GI bleeding, major surgery or trauma within 2wks, recent intracranial bleed, recent head injury / tumor / AVM.
- Hemodialysis / CAPD chronic renal failure
- Social: inability to care for self or follow up, prolonged admit likely
- Age < 18
- Pregnancy
- Prosthetic heart valve
- Weight > 150kg (330 lbs)

Interventions

Send PT/INR, PTT, Cr - if not done in the EC

Pharmacy consult for dosing / dispensing Enoxaparin and Coumadin:

Enoxaparin:

- 1.5 mg/kg subcutaneous Q24hr (until INR=2-3) for day time sched (8am – 4pm). If day schedule is in 12 hours, give first enoxaparin 1mg/kg to last 12 hours. Nurse to administer enoxaparin.
- IV Heparin is stopped at time of SQ enoxaparin.(heparin is contraindicated after SQ enoxaparin).

Warfarin (Coumadin):

- Order first dose of warfarin 7.5 or 5mg PO at least 3 hours after enoxaparin or heparin is started.
- Pharmacist to label/ dispense for home use: enoxaparin SQ x 5 days, warfarin 2.5mg PO #30.

Nurse to educate patient – DVT, anticoagulation, signs / Sx to report or return to EC

Consult Continuing Care / ATO nurse to:

- Schedule Beaumont Home Care - BHC provides daily monitoring, enoxaparin SQ injection, fingerstick INR, and calls INR result to Pharmacy-AMS (pager 922-3696) for warfarin dose (INR goal 2 – 3)
- Verify plan with responsible followup physician.

Monitor 12hrs for bleeding or thromboembolic (ie PE) complications prior to discharge.

Disposition:

Home

Acceptable VS
No evidence of PE
Uncomplicated DVT (no thromboembolic or bleeding events)
Adequate home care / support available
Medical follow up (as above)

Hospital

High risk DVT or PE identified
Unacceptable vital signs
Bleeding problems with heparin started
Home treatment not feasible